

Customer: _____ Delivery Address: _____ Date: _____ Date Req: _____
 Account No: _____ Order No: _____

11 McGOWAN ST POORAKA SA 5095
 Ph. (08) 8359 5655 Fax. (08) 8260 4015

Phone: _____ Fax: _____ EDGESTRIP COLOUR: _____

ID	CATEGORY	CODE	QTY	HEIGHT (mm)	WIDTH (mm)	DEPTH (mm)	PRICE	COMMENTS					
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15	BRAND, LENGTH & HEIGHT OF DRAW RUNNER							TOP DRAWER FRONT HEIGHTS					
1								2	3	4	5		
16													
17													
18													
SUPPLY DRAWER RUNNERS		YES / NO					SUB TOTAL	\$	+ 10% GST				
					TOTAL	\$	including GST						